

DILLER (T.)

A CASE OF MALE HYSTERIA

CHARACTERIZED

BY RECURRENT ATTACKS OF MOTOR APHASIA AND
LETHARGY;

APPARENT CURE BY HYPNOTISM AND SUGGESTION.

BY

THEODORE DILLER, M.D.,

Visiting Physician to the Insane Department of St. Francis Hospital; Physician to the Neurological
Department of Pittsburg Free Dispensary, Pittsburg, Pennsylvania.



Reprinted from the International Medical Magazine for April, 1894.

A CASE OF MALE HYSTERIA CHARACTERIZED BY RECURRENT ATTACKS OF MOTOR APHASIA AND LETHARGY; APPARENT CURE BY HYPNOTISM AND SUGGESTION.¹

THE published accounts of cases of hysterical aphasia are but few and are to be found widely scattered in the literature upon this subject. Lethargy is also a very uncommon hysterical symptom, but is pretty well recognized as such.² I can, however, find reference to no case in which both aphasia and lethargy presented themselves as hysterical symptoms in any single individual. The following case is, therefore, so far as I can learn, unique.

M. B., aged thirty-seven; teamster; married; father of three children; has always been healthy; never sick a day in his life; never drank much, and for several months past has abstained from all alcoholic beverages; denies specific history. For some weeks past he has been out of employment and has in consequence been worrying a great deal. He fears that the "hard times" will never terminate. It has been said that he exhibits a violent temper when provoked.

He came to the Pittsburg Dispensary in the latter part of October, 1893, complaining that his voice would leave him upon certain occasions. The symptom had occurred, for the first time, one month before. Since the initial attack he has had four or five similar attacks each week, the shortest being three hours in duration, the longest lasting one-half day. They are always the same in character, but may occur at any time in the day. There are no warnings of an approaching attack. He only knows that an attack has begun by finding, upon making an effort, that he cannot talk; in like manner he knows that an attack has ceased only by finding that he can talk. Aphasia came on upon several occasions when he was about to solicit work, causing him much embarrassment.

During the attacks he is unable to utter a single word. He knows what he wants to say, is entirely conscious, makes an effort to utter the words in his mind, but with total failure; he recognizes all familiar persons and objects about him, and comprehends as well as at any other time all

¹ This case was briefly referred to by the writer at a meeting of the Philadelphia Neurological Society, held December 26, 1893.

² See cases reported in *Brain*, vol. xvi. p. 203, 1893, by Professor Hitzig, and winter number, 1893, by the writer.



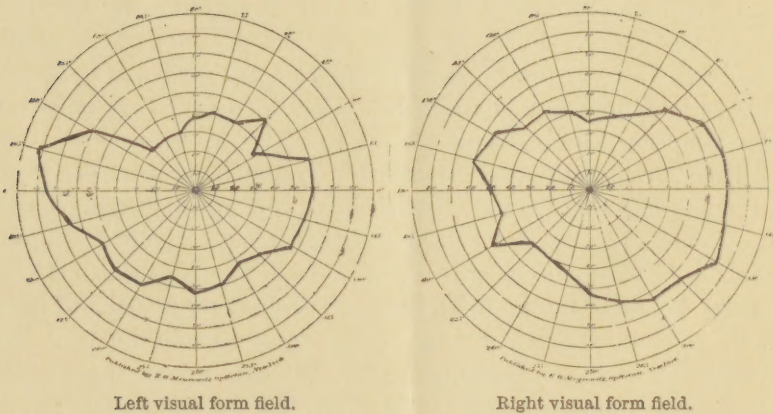
that is said in his presence. He can read and write during an attack as well as he could before the onset of this trouble. After close questioning he declares that he knows of no excitants which will bring on or terminate an attack.

Present State.—Physically the man is fairly well developed, rather stout, and shows upon casual observation no evidence of disease. Mentally he is dull, stupid, almost feeble-minded. He is a great believer in magic, relics, etc. States that he has great confidence in the efficacy of the blessing he recently received at a convent in this city.

There is very evident dulling of pain-sensation all over the body. A pin-prick sharp enough to draw blood does not cause him to withdraw the injured part, although in slow drawling tones he states that "it hurts a little bit." There is a corresponding diminution of acuity of tactile sensation. There are no areas of absolute anæsthesia; no hyperæsthesia; no hysterogenic zones. No motor impairment.

Dr. Joseph E. Willets, who kindly examined the patient's eyes, tells me that the visual field for form was taken with great difficulty on account of the man's stupidity and a slight existing ptosis. The resultant map shows a distinct contraction of the field for both eyes. Dr. Willets

FIG. 1.



is of the opinion that this contraction is more apparent than real, as there is a distinct though slight contraction of the visual field of both eyes. Ophthalmoscopic examination discovered a marked paleness of both optic disks. The visual acuity was somewhat sharpened (V., O. D. $\frac{20}{20}$; O. S. $\frac{20}{15}$). The condition of the optic nerve is not, at present, one of atrophy. The possibility that it may represent the beginning of atrophy cannot, however, in the opinion of Dr. Willets, be wholly set aside.

I learned, upon inquiry, from the man's relatives that he was always dull, stupid, and simple-minded, although he had never been regarded as insane. He performed simple manual work very well and worked very faithfully when he had employment.

It will, I think, be conceded that no organic disease could produce the symptom-complex noted in this case. The recurring attacks of aphasia would in themselves strongly indicate that the case is one of hysteria; but for corroborative evidence we have to note two significant hysterical stigmata, viz., anæsthesia and concentric contraction of the visual fields. The somewhat suspicious appearances of the eye-grounds are scarcely sufficient to overthrow the diagnosis.

A more debatable question would be as to whether the case is one of hysterical aphonia, of hysterical mutism, or of hysterical aphasia. As the case presents the exact clinical symptoms of aphasia, and lacks the symptoms of apparent muscular involvement seen in the other two affections, I think it can be more properly called hysterical motor aphasia.

I hypnotized the man two or three times, inducing a condition of drowsiness or light sleep. Frequent suggestions were made to him, both before, during, and after the hypnotic sleep, that he would get well very soon; that in a short time his difficulties in talking would entirely disappear. Electricity and internal medication were given him, with the hope of producing some favorable psychical effects, but up to the time I lost sight of the man (he was under my care only two or three weeks) these measures had produced no appreciable change in the number or character of the attacks.

The foregoing account of the case, with the remarks which follow it, had been written about December 1, some few weeks after the patient had ceased visiting the dispensary, and when I had supposed that I should probably not see him again; but in the latter part of November the man was admitted to St. Francis's Hospital in the service of my colleague, Professor McKennan, who was good enough to permit me to continue my observations upon him. When I first saw the man at the hospital he had been there about two weeks.

He entered the hospital with the history that for two or three weeks before he had been having spells, on alternate days, in which he would lie stiff, "like dead," upon the floor for two or three hours. During these two weeks or longer he clung to the idea that there was a stoppage in his throat or gullet which prevented food from entering his stomach. In consequence of this delusion he had eaten but very little, for it is useless to eat, he said, when food cannot enter the stomach. His physical condition bore witness to the fact that he had eaten but little, for he was very much emaciated, and presented a striking contrast compared with his physical condition a few weeks before. During the two weeks he was in the hospital before I saw him he was having "spells" on alternate days. These consisted in attacks of lethargy which came on suddenly, lasted two or three hours, and terminated suddenly and completely. During these attacks attempts to rouse him, such as shouting, pushing, etc., were futile (harsh measures and painful stimuli were not employed). Since his admission to the hospital he had, through forced feeding, received a proper amount of food.

When I first saw him in the hospital—which was in the afternoon—he

complained to me of the stoppage of the passage-way, and said that food could not enter his stomach. I assured him, with as confident a manner as possible, that he would surely get well, and very soon at that. I took him to the clock and said, "After to-morrow at ten o'clock you can never have another 'spell' such as you have been subject to." The assurance seemed to give him comfort. Since that day he has never had another attack of lethargy. Repeated suggestions by myself and others about him that the difficulty of food entering his stomach would disappear resulted, in the course of a week or ten days, in the entire disappearance of that delusion. He began to eat better, and finally grew to have a voracious appetite, and in consequence rapidly gained flesh. He brightened up mentally, and became cheerful, even buoyant in spirits, and was a few weeks later discharged from the hospital apparently cured.

Both of the suggestions made at the hospital were, at my request, frequently repeated by the hospital interne, Dr. Connors, and the nurses, so that the man was, so to speak, surrounded by or in an atmosphere of helpful suggestions. In view of the failure which attended the suggestions when the patient first came under my care, and the striking success which attended their subsequent employment, I cannot help feeling that the difference in results was largely due to this "atmosphere of suggestion."

I have for a long time thought that the reason that Christian Scientists, Faith Healers, etc., often obtain, through suggestions, results which cannot be attained by reputable physicians, is due to this "atmosphere of suggestion" which the individual enters when he applies for relief to one of these psychological gymnasts.

The fact that suggestions alone produced such prompt beneficial effects when, upon a previous occasion, suggestions coupled with hypnotic sleep or drowsiness had produced no effect whatever, lends support to the view that the essential part of hypnotism, from a therapeutic stand-point, is the suggestion.

Another point worthy of note is that the suggestion was made that the lethargic attacks could not occur after a certain definite time, while in the matter of the difficulty in the food entering the stomach the suggestions were made in an entirely different way; he was simply, though repeatedly, assured each day that he was better, and was rapidly getting well. The suggestions with regard to the lethargic attacks were made positive, and a definite time was appointed beyond which they could not recur, as it was desired to produce, if possible, a striking result, and thus render the patient more susceptible for subsequent suggestions; besides this, the suggestion was made in an interval between attacks, and the effects were not immediate. In the matter of the persistent idea that food could not enter the stomach because of a stoppage of the passage-way, it seemed to me that an attempt to take the man away from this idea suddenly or harshly might result in failure, because the idea was ever present with him, as he spoke of it constantly. So I thought it would be better to impress him gradually, as such a course would be more likely to result in success.

As regards the diagnosis, if the case could be properly called one of hysteria before the appearance of the lethargic attacks, and the persistent idea with regard to swallowing, it could, with double assurance, be called such after the appearance of these symptoms. The question arises as to whether the persistent idea concerning the stoppage of the passage-way to the stomach was an hysterical symptom or a delusion which stamped the possessor as insane. Gowers says,¹ "A patient . . . who believes that his throat is hermetically closed is insane, not hypochondriacal." Such a belief as this patient possessed does, indeed, of itself, seem to be a delusion of insanity; yet the fact that all the other symptoms in the case were hysterical, that two of the permanent stigmata of hysteria were present, and especially that the delusion in question passed away, evidently as the result of suggestion, all stand in evidence to show that, in spite of Gowers's dictum, the symptom in question in this case was an hysterical one. That hysteria may merge into insanity I am not prepared to dispute. This patient's condition might be regarded as one on the border-line between hysteria and insanity. If this view be held, it must at least be conceded, I think, that the dominant features of the case were those of hysteria; but from whichever side the case may be looked upon, it was, after all, one of insanity, within the meaning of the law, so far as the man's detention in an asylum is concerned.

INTERNATIONAL MEDICAL MAGAZINE.

AN
ILLUSTRATED MONTHLY
DEVOTED TO
MEDICAL AND SURGICAL
SCIENCE.

EDITED, UNDER THE SUPERVISION OF

JOHN ASHHURST, JR., M.D., AND JAS. T. WHITTAKER, M.D., LL.D.,

BY

HENRY W. CATTELL, A.M., M.D.

THE development of medical science is proceeding at such a rapid rate that a medical journal is an absolute necessity to every practising physician. The INTERNATIONAL MEDICAL MAGAZINE supplies this need by giving, as it does, authoritative expression to the results of the experience and investigations of the foremost physicians, surgeons, and lecturers of the leading medical schools of the United States and Canada, together with those of the great medical centres abroad, such as London, Paris, Berlin, and Vienna.

The contents of each number embrace Original Contributions and Clinical Lectures by leading practitioners, whose labors are exercising a directive, stimulating, and conservative influence on the healing art.

In addition to these departments and with a view to securing exhaustiveness, thoroughness, and reliability, specialists, tried in the school of experience and tested by their success in their specialty, have been placed in charge of separate departments embracing the following subjects: Medicine, Therapeutics, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Orthopædics, Obstetrics and Gynæcology, Ophthalmology and Otology, Laryngology and Rhinology, Dermatology, Hygiene and Bacteriology, Pathology, and Climatology. To this must be added translations of what is best from the medical literature of Italy, Spain, and Portugal.

The department of Forensic Medicine, dealing with medico-legal questions, and the legal duties and responsibilities arising out of, and incidental to, the relation of physician and patient, as ascertained and defined by courts of last resort, has proved an interesting and valuable feature of the Magazine, and called forth many expressions of appreciation and approval from its readers.

The department of BOOK REVIEWS furnishes a brief critical analysis of all the more important medical books and periodicals as soon as they are published.

The Magazine becomes, therefore, the medium by which all that is settled as best, in every department of medical and surgical science throughout the medical world, is placed within the means of every practitioner.

SAMPLE COPY
SENT ON
APPLICATION.

INTERNATIONAL MEDICAL MAGAZINE COMPANY,
PUBLISHERS,

716 Filbert Street, Philadelphia, U. S. A.